

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406): <div style="display: flex; justify-content: space-between;"> <div> TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): </div> <div> FAX NO. (Optional): </div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<div style="text-align: center;"> JUDGMENT REGARDING PARENTAL OBLIGATIONS <input type="checkbox"/> AMENDED <input type="checkbox"/> SUPPLEMENTAL </div>	
CASE NUMBER:	

1. a. ☐ **NOTICE: THIS IS A PROPOSED** ☐ **AMENDED PROPOSED JUDGMENT.** This *Judgment Regarding Parental Obligations* will be entered by the court and will become legally binding unless you fill out and file the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610) with the court clerk within 30 days of the date you were served with the *Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.
- b. ☐ **NOTICE: THIS IS A JUDGMENT.** It is now legally binding.
2. **This matter proceeded as follows:**
- a. ☐ Judgment entered under Family Code section 17430.
- b. ☐ By court hearing, appearances as follows:
- | | | |
|--------------------------------------------------------------------------------|---------------------------------------------------|-------------------|
| (1) Date: | Dept.: | Judicial officer: |
| (2) <input type="checkbox"/> Petitioner/plaintiff present | <input type="checkbox"/> Attorney present (name): | |
| (3) <input type="checkbox"/> Respondent/defendant present | <input type="checkbox"/> Attorney present (name): | |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> Attorney present (name): | |
| (5) Local child support agency attorney (Family Code, §§ 17400, 17406) (name): | | |
| (6) <input type="checkbox"/> Other (specify): | | |
- c. The parent ordered to pay support is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent.
3. ☐ This order is based on presumed income for the parent ordered to pay support under Family Code section 17400.
4. ☐ Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
5. ☐ This order is based on the attached documents (specify):

THE COURT ORDERS

6. a. ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent are the parents of the children named in item 6b below.
- b. The parent ordered to pay support must pay current child support as follows:
- | | | |
|----------------------|----------------------|-------------------------------|
| <u>Name of child</u> | <u>Date of birth</u> | <u>Monthly support amount</u> |
|----------------------|----------------------|-------------------------------|

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

6. b. (1) ☐ Mandatory additional child support
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
☐ one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.
 Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
☐ one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.
 Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.
- (2) ☐ Other (specify): _____

- (3) ☐ For a total of \$ _____ payable on the _____ day of each month
 beginning (date): _____
- (4) ☐ The low-income adjustment applies.
☐ The low-income adjustment does not apply because (specify reasons): _____

- (5) Any support ordered will continue until further order of court, unless terminated by operation of law.
- (6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

- c. ☐ The parent ordered to pay support ☐ The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

- d. ☐ The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. d. (1) ☐ Other (*specify*):

(2) ☐ For a total of \$ _____ payable \$ _____ on the _____ day of each month beginning (*date*):

(3) ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

- e. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.
- f. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- g. All payments, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below (*specify address*):

h. An earnings assignment order is issued.

- i. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.
- k. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- l. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- m. ☐ The following person (the "other parent") is added as a party to this action (*name*):

n. ☐ **The court further orders** (*specify*):

Date: _____

Number of pages attached: _____

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.

Date: _____



(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)